

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		04/05/00
O.I.P.E. CLASSIFIER		10	4-10-00
FORMALITY REVIEW	<i>[Signature]</i>	66795	06/01/00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
-	(Through numeral) Canceled	A	Appeal
+	Restricted	O	Objected

3/21/00

Claim	Date
Final	
Original	
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	✓
13	✓
14	N
15	✓
16	✓
17	✓
18	✓
19	✓
20	✓
21	✓
22	N
23	✓
24	✓
25	✓
26	✓
27	✓
28	✓
29	✓
30	✓
31	✓
32	✓
33	✓
34	N
35	✓
36	✓
37	✓
38	✓
39	✓
40	✓
41	N
42	✓
43	✓
44	✓
45	✓
46	✓
47	✓
48	✓
49	✓
50	✓

Claim	Date
Final	
Original	
51	✓
52	✓
53	✓
54	✓
55	✓
56	✓
57	✓
58	✓
59	✓
60	✓
61	✓
62	✓
63	✓
64	✓
65	✓
66	✓
67	✓
68	✓
69	✓
70	N
71	N
72	✓
73	✓
74	✓
75	✓
76	✓
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80	✓
81	✓
82	✓
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91	✓
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94	✓
95	✓
96	✓
97	✓
98	✓
99	✓
100	✓

Claim	Date
Final	
Original	
101	✓
102	✓
103	✓
104	✓
105	✓
106	✓
107	✓
108	✓
109	✓
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136	✓
137	✓
138	✓
139	✓
140	✓
141	✓
142	✓
143	✓
144	✓
145	✓
146	✓
147	✓
148	✓
149	✓
150	✓

BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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